



AUG 30 2004

Food and Drug Administration  
2098 Gaither Road  
Rockville MD 20850

Mr. Robert Eusebio  
Manager Regulatory Affairs  
Dade MicroScan, Inc.  
1584 Enterprise Boulevard  
West Sacramento, CA 95691

Re: k020185  
Trade/Device Name: MicroScan<sup>®</sup> rapID/S *plus*<sup>™</sup> Gram-Negative MIC/Combo Panels  
with Gentamicin (0.12-32 µg/ml)  
Regulation Number: 21 CFR 866.1645  
Regulation Name: Fully Automated Short-Term Incubation Cycle Antimicrobial  
Susceptibility Devices  
Regulatory Class: Class II  
Product Code: LON  
Dated: July 30, 2004  
Received: August 3, 2004

Dear Mr. Eusebio:

This letter corrects our substantially equivalent letter of February 6, 2002, regarding the trade name which was changed to MicroScan<sup>®</sup> Synergies Plus to better reflect the intended use of the device.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent [(for the indications for use stated in the enclosure)] to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

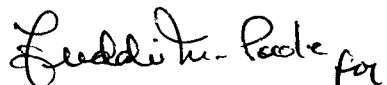
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to continue marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-3084. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at their toll free number (800) 638-2041 or at (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Sally A. Hojvat".

Sally A. Hojvat, M.Sc., Ph.D.

Director

Division of Microbiology Devices

Office of *In Vitro* Diagnostic Device

Evaluation and Safety

Center for Devices and

Radiological Health

Enclosure

Indications for Use Statement

510(k) Number (if known): K020185

Device Name: MicroScan® Synergies plus™ MicroScan® rapID/S plus™ Gram-Negative MIC/Combo Panels with Gentamicin (0.12 – 32 µg/ml)

Indications For Use: WalkAway™ 96) according to the Package Insert.

This particular submission is for the antimicrobial Gentamicin on the Synergies plus™ Gram-Negative MIC/Combo Panels.

The Gram-Negative organisms which may be used for Gentamicin susceptibility testing in this panel are:

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| <i>Citrobacter amalonaticus</i>      | <i>Klebsiella pneumoniae</i>       |
| <i>Citrobacter koseri (diversus)</i> | <i>Klebsiella rhinoscleromatis</i> |
| <i>Citrobacter freundii</i>          | <i>Klebsiella spp</i>              |
| <i>Citrobacter spp</i>               | <i>Proteus mirabilis</i>           |
| <i>Escherichia coli</i>              | <i>Proteus vulgaris</i>            |
| <i>Enterobacter aerogenes</i>        | <i>Proteus spp</i>                 |
| <i>Enterobacter agglomerans</i>      | <i>Pseudomonas aeruginosa</i>      |
| <i>Enterobacter cloacae</i>          | <i>Serratia spp</i>                |
| <i>Enterobacter sakazakii</i>        | <i>Serratia marcescens</i>         |
| <i>Enterobacter spp</i>              | <i>Shigella flexneri</i>           |
| <i>Klebsiella oxytoca</i>            | <i>Shigella sonnei</i>             |
| <i>Klebsiella ozaenae</i>            | <i>Shigella spp</i>                |
|                                      | <i>Salmonella spp</i>              |

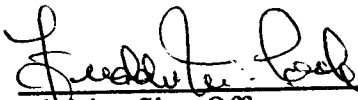
Prescription Use   X    
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

  
Division Sign-Off

Office of In Vitro Diagnostic Device  
Evaluation and Safety

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510(k)   020185

K020185

FEB 06 2002

## 510(k) Summary

### 510(k) Submission Information:

Device Manufacturer: Dade Behring Inc.  
Contact name: Maureen Mende, Group Manager Regulatory Affairs  
Fax: 916-374-3144  
Date prepared: January 17, 2002  
Product Name: Microdilution Minimum Inhibitory Concentration (MIC) Panels  
Trade Name: MicroScan® rapID/S *plus*™ Gram-Negative MIC/Combo panels  
Intended Use: To determine antimicrobial agent susceptibility  
510(k) Notification: Antimicrobials: Gentamicin  
Predicate device: MicroScan Dried Gram Negative MIC/Combo Panels

### 510(k) Summary:

MicroScan® rapID/S *plus*™ Gram-Negative MIC/Combo Panels are designed for use in determining quantitative and/or qualitative antimicrobial agent susceptibility of colonies grown on solid media of rapidly growing aerobic and facultative anaerobic gram-negative bacilli. The MicroScan® rapID/S *plus*™ Gram-Negative MIC/Combo Panels are read on the WalkAway® SI System or equivalent (upgraded WalkAway® 40 or WalkAway® 96 instruments).

The antimicrobial susceptibility tests are miniaturizations of the broth dilution susceptibility test that have been diluted in Mueller-Hinton Broth to concentrations bridging the range of clinical interest and are presented in micro-titer wells in dried form. rapID/S *plus*™ panels are inoculated and rehydrated with a standardized suspension of the organism and incubated at 35°C in the WalkAway® SI System or equivalent for 4.5 – 18 hours. The minimum inhibitory concentration (MIC) for the test organism is determined by the lowest antimicrobial concentration showing inhibition of growth.

The proposed MicroScan® rapID/S *plus*™ Gram-Negative MIC/Combo Panel demonstrated substantially equivalent performance when compared with an NCCLS frozen Reference Panel, as defined in the FDA DRAFT document "Guidance on Review Criteria for Assessment of Antimicrobial Susceptibility Devices", dated March 8, 2000. The Premarket Notification (510[k]) presents data in support of the MicroScan® rapID/S *plus*™ Gram-Negative MIC/Combo Panel with Gentamicin.

The external evaluation was conducted with fresh and stock Efficacy isolates and stock Challenge strains. The external evaluations were designed to confirm the acceptability of the proposed rapID/S *plus*™ Gram-Negative Panel by comparing its performance with an NCCLS frozen Reference panel. Challenge strains were compared to Expected Results determined prior to the evaluation. The rapID/S *plus*™ Gram-Negative Panel demonstrated acceptable performance with an overall Essential Agreement of greater than 96% for Gentamicin when compared with the frozen Reference panel.

Instrument reproducibility testing demonstrated acceptable reproducibility and precision with Gentamicin with Turbidity inoculum preparation method and the WalkAway® SI System or equivalent (upgraded WalkAway® 40 or WalkAway® 96 instruments).

Quality Control testing demonstrated acceptable results for Gentamicin.